



Access and barriers to NHS Community Pharmacies in Solihull

June 2024



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Executive Summary

In January 2024, Pharmacy First was launched, enabling NHS community pharmacists to provide treatment for seven conditions. NHS England (NHSE) aims to increase the number of patients accessing Pharmacy First each month by hundreds of thousands by March 2025. This report explores the barriers and facilitators for Solihull patients' use of the range of services now offered by many community pharmacists.

We heard patients' feedback via a survey conducted between January and February 2024, which was completed by 263 people in Solihull and 466 people in Birmingham. This report shares the experiences of Solihull residents¹. We also ran a poll on social media asking, "How would you feel if a GP receptionist referred you to a pharmacy instead of giving you an appointment with the GP for a minor illness?" We received 3545 responses; 304 comments on our social media posts have been analysed as feedback.

We found that, many people are positive about community pharmacies. It is a valued service, which individuals rely on to manage their existing conditions or treatment for minor illnesses. Our data suggest though that there are three key areas of focus that would improve community pharmacy for local people. These are:

Awareness – Information & Communication: Our findings suggest a general confusion about what is now available from community pharmacists. More needs to be done for the public to understand what is available and how Community Pharmacy works. A local campaign may build confidence in community pharmacy as a first point of contact in primary care.

General Practice Referral: The public had most confidence to attend community pharmacy if the referral came from their GP rather than the receptionist. Work needs to be done to increase the number of referrals from General Practices, along with improved explanation to drive confidence in pharmacists. Timely data is needed on the number of referrals into community pharmacy and monitoring of the Pharmacy First programme. The local Integrated Care Board (ICB) needs to be sited on this for continuous improvement and to identify any inequalities of access.

Facilities: Caring and confidential service. There is a need for better systems to enable patients to feel comfortable speaking with a pharmacist on personal issues and development to aid more confidential discussions to take place.

Despite the national direction of travel, and the commitment to develop community pharmacy locally, local Primary Care Strategies are focused on supporting General Practice rather than the wider primary care system. The findings of this report demonstrate the need to include community pharmacy as a central solution to meeting the health needs of local people.

In their recent national report, Healthwatch England call for further expansion of Pharmacy First Services. Our report shows this needs to be done with an integrated local approach to improve access to community pharmacy for the people of Birmingham and Solihull.

We have shared this report and its findings with the Birmingham and Solihull Integrated Care Board (NHS BSOL), NHS Office of the West Midlands and Birmingham and Solihull Local Pharmaceutical Committee (BSOL LPC). The report, including the responses of NHS BSOL (see below) and BSOL LPC (see Appendix 1) will be published on the Healthwatch Solihull website and shared with participants and other relevant stakeholders. Six months after publication Healthwatch Solihull will produce a follow-up report highlighting progress on actions that have been committed to by providers and commissioners. We will require them to provide evidence to demonstrate that those changes have been made and an indication of targets met and how these have been achieved.

¹ The experiences of Birmingham residents can be found on the [Healthwatch Birmingham website](#)

NHS BSOL Response

As the commissioner of NHS pharmacy services in Birmingham and Solihull, NHS BSOL has responded to our findings by outlining current planned activity to embed Pharmacy First in primary care. We will be working with NHS BSOL, community pharmacies and BSOL LPC to further develop these plans to address specific issues around public awareness, GP referrals and facilities that we have identified.

'Locally, the NHS is working hard to transform services for patients; with a vision to integrate services so that care is available as close as possible to citizens' homes and the right care is delivered in the right place at the right time.

BSol ICB is driving this transformation through a number of strategic approaches including work currently underway to improve patient access to primary care services. Pharmacy First is an integral part of this work, enabling us to free-up capacity in GP practices so the right patients are being seen by the right clinical professionals.

To ensure its effective implementation, we have prioritised working with GPs and pharmacists to drive at pace the rollout of Pharmacy First. We've also incentivised it – including it in our Extended Services Offer for GPs, with 94% of community pharmacies across Birmingham and Solihull have so far opted to provide the service.

Despite Pharmacy First being in its infancy, having launched nationally on 31 January 2024, we are already seeing positive results in Birmingham and Solihull and we welcome Healthwatch's report which reinforces our existing data that demonstrate there is high use of community pharmacies and high levels of satisfaction in their service.

In fact, latest data show that BSol ICB is the best performing of the 11 ICBs in the Midlands in terms of Pharmacy First consultations, and the rate of referrals continue to grow. Between 31 January and 30 April 2024, GP practices across Birmingham and Solihull have made a total 10,804 referrals to Pharmacy First. This means that thousands of patients have been treated in the community by their pharmacist who would have otherwise gone to their GP. Given this rapid progress, we will be working with GPs, pharmacists, and NHS England colleagues to plan a broader public awareness campaign ahead of winter to support our wider strategic work proactively planning ahead to prevent and tackle the pressures that winter brings.

Meanwhile, we have staff with roles dedicated to leading community pharmacy integration who are playing a pivotal part in driving Pharmacy First as it evolves; ensuring the right conditions and incentives are in place for its uptake to continue through GP referrals and pharmacy sign-up. We are currently targeting the 6% of pharmacies not yet signed up to Pharmacy First, while the ICB has been working more broadly to ensure pharmacies comply with relevant statutory requirements around availability and quality of consultation rooms to ensure positive patient experience. In May 2023, we also introduced access to interpreting services in community pharmacies to ensure accessibility for members of the public with language barriers.

It is heartening to see, and as demonstrated through Healthwatch's research, our early work to embed Pharmacy First is already creating the conditions and infrastructure that will allow us to deliver more and more through pharmacy and wider community services.

Through strong leadership we will continue to build on this through the work of our new Community Care Collaborative, launched in December 2023. A partnership across health and social care, the Collaborative is supporting us to achieve our strategic vision to integrate services and deliver them closer to home while implementing both our primary care recovery access plan and the recommendations of Professor Claire Fuller's stocktake on integrated primary care.'

Introduction

The Fuller Stocktake report¹ set out a new vision for primary care. This included the potential to increase the role of community pharmacy, which it identified as a key member of the primary care team, that could be more effectively harnessed.

As a result, NHS England included community pharmacy in their Primary Care recovery plan, identifying the need to enhance the role of community pharmacy. NHS England and the Department of Health and Social Care (DHSC) expanded the role of community pharmacy by supporting seven further common conditions. See Table 1). This was through the delivery of Pharmacy First and by expanding pharmacy oral contraception and blood pressure services².

Table 1: The seven conditions pharmacists can manage across various age ranges³

Acute otitis media	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

Both plans identified the need for patients to know, on the day they contact their practice, how their request will be managed. This includes the appropriate signposting to other services, including community pharmacy.

It is a priority for NHS BSOL to improve timely access to primary care, as referenced in their Integrated Care System (ICS) Operating Framework and Joint Forward Plan. This has resulted in Right Care First Time to improve access to Primary Care for patients, which identifies the need for referral into community pharmacy from GPs. Developments of the Community Care Collaborative will bring together multi-disciplinary teams in local communities which might include the integrated use of community pharmacist as well as other health disciplines⁴. The Community Pharmacy Contractual Framework sets out the services that need to be provided, how quality is assured and expectations (e.g. on safety). Community pharmacies are most known for their dispensing function, but its role is much broader (The King's Fund, 2020).

It should be noted though that these developments have come alongside several challenges faced by community pharmacists. There is a UK medicine shortage crisis⁵. And, in addition, there are staff shortages, and the number of community pharmacies has reduced

¹ <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

² <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

³ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/>

⁴ https://www.birminghamsolihull.icb.nhs.uk/application/files/9516/9176/8128/Birmingham_and_Solihull_Joint_Forward_Plan.pdf

https://www.birminghamsolihull.icb.nhs.uk/application/files/5816/6748/4709/Birmingham_and_Solihull_ICs_Operating_Framework.pdf

⁵ Special report: the UK's medicines shortage crisis - [The Pharmaceutical Journal](https://www.pharmaceutical-journal.com) (pharmaceutical-journal.com)

by over 1,100 since 2015, of which 34.9% were in the most deprived communities¹.

Healthwatch Solihull has seen an increasing amount of feedback about community pharmacy services in the past year, covering a range of issues including accessibility, medication changes and availability, prescriptions and dispensing, advice and support, waiting times, communication with patients and between pharmacies and GPs.

In this report, we explore people's experiences of clinical/health related advice/treatment and services provided through NHS community pharmacy services in Solihull. We aimed to understand the facilitators and barriers for patients using NHS community pharmacies, and to explore their views on how these services can best meet their needs. The report also outlines the key areas for improvement, based on the experiences of Solihull patients. It starts by outlining why people visit their community pharmacy. It then describes the three key barriers that we deduced from the experiences people told us about. These are grouped under the headings of awareness: information and communication, General Practice referrals, and community pharmacy facilities.

We have shared this report and its findings with Birmingham and Solihull Integrated Care Board (NHS BSOL), Birmingham and Solihull Local Pharmaceutical Committee (BSOL LPC) and Office of the West Midlands. Healthwatch Birmingham will publish the report, including the responses of the provider and commissioner on our website, and share it with participants and other relevant stakeholders.

Six months after publication Healthwatch Solihull will produce a follow-up report highlighting progress on actions that have been committed to by providers and commissioners. We will require them to provide evidence to demonstrate that those changes have been made and an indication of targets met and how these have been achieved.

Methods

We gathered feedback about NHS community pharmacies via a questionnaire, which we shared through social media (Facebook, Nextdoor, X and Instagram) and various stakeholders including community pharmacies, third sector organisations and community groups between January and February 2024. We also visited local community settings, and support groups within areas of deprivation and supported people to complete the survey in person.

We include a total of 263 responses in this report. In addition, we ran a poll on social media asking, "How would you feel if a GP receptionist referred you to a pharmacy instead of giving you an appointment with the GP for a minor illness?"². This garnered 3545 responses, and 304 comments on our social media posts which have also been analysed as feedback.

¹ Pharmacy - [Health and Social Care Committee \(parliament.uk\)](https://www.parliament.uk)

² People had five choices to choose from 'very comfortable, fairly comfortable, not very comfortable, not at all comfortable, and don't know'.

Findings

Appendix 2 shows the demographics of those that responded to the questionnaire. We have outlined below the positive reasons why people visit their local pharmacy, followed by the key areas for improvement based on the experiences of Solihull patients. These areas include awareness of the range of services offered by community pharmacists, the acceptance of being referred from General Practice to a community pharmacy and facilities that community pharmacies sometimes lack when offering advice and treatment.

Positive views and use of community pharmacies

Community pharmacies are widely used within Solihull. Most people (N=242/254, 96%) told us that they had used a pharmacy in the last three months. Twenty percent (N=25) use them weekly; 58% (148) visited monthly; 24% (N=61) every 2-3 months and 6% rarely use pharmacy services.

Eighty-two percent of respondents (N=176) felt that their needs were largely or completely met during their last visit to the pharmacy:

I have used the pharmacy at Boots in Lyndon Road for flu vaccinations for the last two years and found the pharmacist helpful, knowledgeable and extremely good at giving painless injections! - Monthly user, woman, 65-79yrs, carer

I have my monthly prescription delivered and it's an excellent service. Even when things go wrong, they are very accommodating to get it resolved. - Monthly user, woman, 65-79yrs, long-term condition

Balsall Common Pharmacy is always excellent in meeting my needs. They are always professional and listen carefully. I trust their advice completely. - Monthly user, woman, 65-79yrs, multiple long-term conditions

My pharmacy is very professionally run, and I trust their knowledge. We have text messages when prescriptions are ready which saves time. - Monthly user, man, 65-79yrs, no disabilities or long-term conditions

Seventy-four percent of people (N=174) rated their local pharmacy as good or very good:

I'm a regular at the local pharmacy, one of the ladies working there even remembers my name. They're very good at dispensing medicine, provided they have it in stock. - Weekly user, man, 50-64yrs, long-term condition (mechanical heart valve)

I am already using the pharmacy as an addition to my local medical practice since it changed hands. Our local Pharmacist, is very proactive in providing assistance and I am on first name terms with the staff and feel very comfortable talking to them. - Monthly user, man, 65-79yrs, long-term conditions and disability (cancer, arthritis, cardiac issues)

I had a urine infection and was told I had to wait a week to see a doctor. I was advised to go pharmacy, and everything was sorted within 10 minutes. I was given antibiotics straight away. - Social media poll comment

We also asked people whether they had used their local pharmacy for health-related advice or treatment. Fifty-seven percent (N=143) of people told us that they had used these services.

Among those who have used the pharmacy for health-related advice or treatment, convenience of pharmacy services played a large part in the decision to do so (see Table 2). A full breakdown of the reasons given for seeking this care at the pharmacy can be found in Appendix 6:

Table 2: Reasons for using community pharmacies for clinical or health related advice or treatment

Reason for choosing the pharmacy	Response total
It is quicker than making an appointment to see my GP	52% (N=72)
The pharmacy is easy to get to	51% (N=71)
The pharmacy has good/long opening hours	31% (N=44)

For a minor ailment, getting advice from a pharmacist first is easier and will refer you to your GP if necessary. - Use every 2-3 months, woman, 50-64yrs, no disability or long-term conditions

It was easier to pop to the pharmacy for what I needed than try to get a doctor's appointment around work. - Use every 2-3 months, woman, 25-49yrs, no disabilities or long-term conditions

Of those who have used pharmacy services, 50% (N=69) stated that they did so because of good advice from a pharmacist in the past and 47% (N=65) told us that this was due to knowing that the pharmacist has the relevant knowledge. This may indicate that once people feel reassured that the pharmacist has the correct knowledge to provide this care and have a good experience with using minor illness services, they are likely to continue to do so rather than going elsewhere in future.

Overall, these responses indicate that many people are positive about their local pharmacy services and their ability to meet their needs as users. They value the personal connection they can develop with the staff and the professional service they provide. Pharmacy opening hours are also more convenient for many people compared with other services, making them more accessible. The data also shows that a sizeable proportion of people are willing to engage with minor illness services at their local pharmacy and that those who have positive experiences during their visit are likely to continue to use the pharmacy for this care.



Why do some people prefer to go to their General Practice?

Despite these positive responses around local pharmacy, many people still prefer to receive many of the services provided by the pharmacist from their GP. We asked people who have not received clinical advice or treatment at the pharmacy why they chose to go elsewhere:

- 26% (N=28) told us that it was because they prefer to get this advice from a doctor or nurse.
- 59% (N=64) told us that they are most likely to go to their GP surgery for this advice or treatment instead of the pharmacy.

Table 3 shows people's preferences for services for a range of conditions.

Table 3: Services people would go to first

A flu vaccine

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
50%	30%	2%	0%	0%	4%	0%	9%	4%
122	74	6	0	0	9	0	23	9

A covid vaccine

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
51%	21%	9%	0%	0%	5%	0%	11%	3%
123	51	22	1	0	11	0	27	8

Advice about a long-term condition

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
87%	2%	9%	0%	0%	2%	2%	3%	3%
211	6	22	0	0	4	5	7	7

Blood pressure checked

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
49%	19%	0%	0%	0%	0%	0%	10%	23%
118	45	0	0	0	0	1	24	55

New medicine service

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
49%	24%	0%	0%	0%	1%	2%	19%	4%
119	58	0	0	0	3	6	47	10

These responses indicate that there are many barriers preventing people from making the pharmacy their first choice for several types of care and treatment. A full breakdown of this information can be found in Appendix 3.

We explore below the three key areas, that we deduced from patient feedback, that need to be addressed for people to feel comfortable when engaging with Pharmacy First services. These areas include the public's awareness of the range of services offered by community pharmacists, their acceptance of being referred from General Practice to a community pharmacy and the facilities community pharmacists sometimes lack when offering advice and treatment.



Barriers to the use of community pharmacies

Awareness of newer services: information and communication

We asked people what services they were aware their local pharmacy provides. Awareness was high for services such as advice and treatment for minor health problems (85%, N=201); advice about medications (87%, N=209) and providing flu vaccines (75%, N=179).

Newer services, which were not traditionally available from the pharmacist, saw much lower awareness. Only 18% (N=43) of people knew that pharmacists could refer patients to other services and only 14% (N=35) knew that pharmacists can prescribe medications for the seven common conditions (see Table 1 above). A more detailed summary of the responses to this question can be found in Appendix 5. This shows that, while awareness of long-standing services provided by pharmacies is good, there is a need for improved communication around new services being offered by their local pharmacy as part of Pharmacy First.

Further to this, when we asked the 109 people who had not used the pharmacy for clinical advice or treatment, ten percent (N=11) told us that it was because they did not know the service was available. We then asked people what would assist them to engage with minor illness services at the pharmacy. They told us that clearer information regarding the specifics of the available services needs to be provided:

I think more info is needed about what a pharmacist can actually help with, how to access and reassurance this is a safe way to get help without missing serious illnesses. – Every 2-3 months, woman, 25-49yrs, no disabilities or long-term conditions

I'd need to know which chemists can give antibiotics for tonsillitis or UTI in advance - online info is not always reliable. I have helped with this in the past and have arranged for my husband to collect a prescription for me if I have been too poorly to travel. If I could access an area of the NHS website, somewhere with a local list of which chemists can diagnose & prescribe for this or that would be great. – Monthly, woman, 50-64yrs, long-term condition

Clear advertising, especially if a service is limited by age, such as BP measurements. It is very important that any charge for services is stated and said information is available to the public before they enter the premises. Clear information also needs to be given and leaflets available for anyone with no online access. This could maybe be printed off. – Monthly, woman, 65-79yrs, multiple long-term conditions

Four people detailed experiences of attempting to access specific services at their local pharmacy only to be told that they were unable to provide them:

111 advised me to go, but the pharmacist stated he couldn't prescribe and sent me away without treatment. – Monthly user, Woman, 25–49yrs, disability, long-term condition

I have tried to have blood pressure checks and there is never anyone available to do it. I have also asked for a health check, but I was told that they did not have anyone to do it and that I should go to my doctors. – Monthly user, woman, 65–79yrs, disability and long-term condition

If I knew there was enough prescribing pharmacists locally and that I wouldn't be sent back to my GP for treatment, which has happened in the past. – Rare user, carer, long-term condition and disability

I didn't think they could prescribe medication. A couple of weeks ago I went to the Pharmacy on a Saturday as my GP was closed. The pharmacist said to speak to 111 and get a prescription sent through and they could probably get the drugs by end of day. They did not offer to prescribe the drugs. – Every 2–3 months, woman, 50–64yrs, no disabilities or long-term conditions

People also told us they were confused about whether eligible patients still receive free prescriptions if provided by the pharmacist rather than their GP. When we asked the 109 service users who had not sought clinical advice and treatment at the pharmacy why they sought this treatment elsewhere, 22% (N=24) told us they had concerns around not receiving free prescriptions:

I recently went the pharmacy and nearly paid for items that I was able to get on a scheme they said about if didn't pay for prescription items. – Monthly, woman, 25–49yrs, carer, disability and long-term condition

As stated, I haven't got a problem getting what I need from a pharmacist, but not happy having to pay for expensive products when I am or should be exempt. – Weekly user, woman, 65–79yrs, long-term health condition

These responses show that there are issues in both promotion of the services provided by each pharmacy as well as the clarity of what exactly is provided to patients as part of these services.

We then explored people's views about whether they thought pharmacists had the capability to deliver these services effectively. Of the 139 people who told us that they used the pharmacy for clinical advice and treatment in the past, 47% (N=65) stated that they chose to do so because they believe that the pharmacist has the relevant knowledge:

I use them regularly for things that I know they know about, and things that I know are not necessarily important enough to warrant a doctor's appointment. – Rare user, woman, 25–49yrs, carer

Pharmacy personnel are very helpful and very knowledgeable. – Weekly user, 65–79yrs

In contrast, of the 109 people who said they have not used the pharmacy for clinical advice or treatment, 17% (N=19) did not think that the pharmacist has the appropriate knowledge to provide them with this advice. Sixteen people said they would need more information on the qualifications of the pharmacist to assist them in seeking advice/treatment at the pharmacy:

I would like for them to wear photo ID badges with job title and qualification, especially if they will be looking at my throat or anything other than just talking with me. – Monthly user, woman, 50–64yrs, long-term condition

More info about what a pharmacist is qualified medically for, to reassure us that they are capable to accurately diagnose properly. – Every 2–3 months, woman, 25–49yrs, no disabilities or long-term conditions

Others felt that the pharmacist may not be the correct professional to provide clinical advice and treatment:

Pharmacists may not be as qualified as a GP and could miss something a GP wouldn't. – Monthly user, woman, 50–64yrs, long-term condition

I take a lot of medication and have lots of medical conditions I would not feel confident having any treatment without the advice of a doctor or nurse. – Monthly user, man, 50–64yrs, long-term condition and disability (mobility problems, liver disease)

I've had a pharmacist see me instead of a GP, they did a medication review, stopped a pill that was helping, and I had to go back through to a GP to get it reinstated, what a waste of time and money. – Social media poll comment

My son did this and was given the wrong medication by a pharmacist, he went and pointed out that this was wrong, and they just said "oh, sorry". My worry is what if it is an older person or somebody who doesn't realise it's wrong? this cannot happen, it cannot be trusted. – Social media poll comment

Taken together this feedback shows the role of clear publicly available information in facilitating use of pharmacy services. When people are aware of the full extent of these services, and of the pharmacist's knowledge, they are more likely to engage with them. A lack of information acts as a barrier to use. It is therefore important that this issue is addressed to help people make informed decisions about where to seek this care and feel confident that they will be well cared for.



General Practice referrals

We asked people how comfortable they would be if their GP referred them to their local pharmacy for minor illness care. Seventy-four percent of people (N=176) told us that they would be comfortable (fairly or very comfortable):

I would be fully confident as long as privacy was maintained, and the appointment was with a fully trained pharmacist. – Monthly user, Woman, 50–64yrs, multiple long-term conditions, disability

I would be comfortable being referred to a pharmacy from my GP but not from a receptionist. – Every 6 months, man, 65–79yrs, no disabilities or long-term conditions

However, when we asked how comfortable they would be being referred by a GP receptionist instead of a GP this fell to 46% of people (N=109) who were comfortable (very or fairly comfortable). Thirty-two percent of people (N=77) told us that they would not be comfortable with this at all:

I would not be at all comfortable with a completely unqualified person denying me access to a GP and sending me to a pharmacist when they have no understanding of medical conditions and their links with other more serious conditions. – Monthly user

Any condition which requires examination before prescribing medication should be seen by a GP; if the patient is worried enough about it to ask for an appointment. Certainly, a GP receptionist is not qualified to act as a go-between or prevent a patient from seeing their GP. Patient concerns can be a sign of illness in themselves. – Monthly user, woman, age not provided, long-term condition and disability

When you have underlining medical issues, and you're a complex patient you need a GP to know you're getting the right info, I've been told by pharmacists on many occasions they can't help with my queries. – Monthly, woman, 50-64yrs, long-term condition and disability

Receptionists aren't trained to do this, how do they know it's a minor illness. Some major illnesses have some symptoms similar to minor illnesses. But may have a few additional symptoms that every day people aren't aware of, and doctors are trained to identify. – Social media poll comment

How much medical training does a receptionist have to offer advice or set up a pharmacy appointment? – Every 2-3 months, Woman, 25-49yrs, No disability or long-term conditions

Because of receptionists deciding whom I should see for my symptoms, I've been misdiagnosed; received inappropriate treatment; seen the wrong specialists and wasted NHS resources. My condition also became significantly worse which massively affected my life. This could have been avoided if they didn't let reception staff decide who I should see in the first place. – Social media poll comment

This shows that some people have concerns around the qualifications of the receptionists to ensure that the pharmacist is the right person to provide the care they require.

Further to this, 25 people expressed their frustrations around their own assessment of their health needs being ignored:

Generally, if I'm trying to get a GP appointment it's because I'm already quite concerned about mine or my child's condition. I no longer believe it to be a "minor illness" and believe it requires further investigation. – Every 2-3 months, Woman, 25-49yrs, Long term condition

I think you tend to know the degree of pain or difficulty that warrants seeing a GP. – Weekly user, 65-79yrs

As a former health professional who is aware of the services pharmacists can provide, by the time I ask the practice for a GP opinion, I feel that is what I need and batting me off to a local pharmacist is simply a delaying tactic. However, I can easily appreciate that I have specialist knowledge and such services may be very helpful for the vast majority of individuals. – Monthly user, Woman, 50-64yrs

The responses we received highlight key barriers to the use of pharmacy services at the point of GP referral. People need to feel confident that the decision to be referred to the pharmacy is correct. People's frustrations around not feeling like they are being listened to when they are referred to the pharmacy may also need to be addressed. This will help reassure that people that they are being referred to appropriate care for their issue.

Community pharmacy facilities

One third of people told us that they used their local pharmacy for clinical advice/treatment, at least in part, because their local pharmacy has a private consultation room (35%; N=49/139).

Of the 109 people who had not used clinical advice services at the pharmacy, 22% said that they had not wanted to discuss personal matters at the pharmacy counter. Seventeen people elaborated on this sentiment when we asked what would make them more likely to engage with minor illness services at the pharmacy:

The pharmacy layout needs changing to allow more space around the counters, more confidential areas to talk in private as the small rooms are right by where customers queue so there is no privacy at all! – Every 2-3 months, woman, 25-49yrs, no disabilities or long-term conditions

If there were more discreet services at pharmacies. Any health condition involves dignity issues, and the lack of privacy makes it hard to talk to pharmacists at the counter. There is almost never a time when you cannot be overheard by at least one other person, if not several. – Monthly user, man, 25-49yrs, long-term condition

As a former health professional who is aware of the services pharmacists can provide, by the time I ask the practice for a GP opinion, I feel that is what I need and batting me off to a local pharmacist is simply a delaying tactic. However, I can easily appreciate that I have specialist knowledge and such services may be very helpful for the vast majority of individuals. – Monthly user, woman, 50-64yrs

These responses show that privacy concerns are acting as a barrier to engaging with minor illness services for some people. If this issue was addressed, then people may feel more comfortable discussing personal issues within these spaces.

We also received six responses which voiced concerns around not being able to access these in person consultations due to their disabilities:

We cannot do it at the pharmacy as we are both deaf and the pharmacy do not know what we are saying. The doctors who know us and they write things down or talk slowly to us. I always need the doctor and get turned down over no bookings left. With my health needs I require a doctor all times and it is very hard to try and book it. – Very rare user, man, 65-79yrs, disability, long-term condition (mainly hearing impairment)

It's hard to go to the pharmacy just for advice, I have mobility problems and there are long queues. If I was there anyway, I might ask but I haven't before. – Monthly user, woman, 65-79yrs, disability (arthritis)

Twenty-four people told us that customer service also needed to be improved to feel comfortable accessing minor illness care at their local pharmacy:

I would need a more approachable pharmacist. – Monthly user, woman, 50-64yrs, no disabilities or long-term conditions

I have trust in pharmacists to help me, but the attitude of staff can sometimes put me off. – Monthly user, Woman, 65-79yrs, multiple long-term conditions

The staff seem to be very stern and unhelpful. I believe they would benefit from further training regarding customer relations and how to be patient and friendly. – Monthly user, woman, 65-79yrs, disability and long-term condition

Of the 109 people who had not used clinical advice services at the pharmacy, 15% (N=17) stated they were concerned that their local pharmacy staff did not have time to engage with patients due to busyness:

If you are asking pharmacist to diagnose minor ailments then they will require more staff, how will the pharmacist find the time to dispense medication and discuss customers ailments. - Monthly user, woman, 50-64yrs

My local pharmacy is very busy and have long waiting times to collect prescriptions and buy any items from there. I don't feel they have the time and staff to offer any more services. If waiting times improved, I might consider going to my pharmacy more frequently for advice rather than bother the GP. - Monthly user

The queue can be very long in my local pharmacy and that would make it difficult to get advice (as you feel like you are delaying about 10 people behind you) and it isn't very private. Whilst there is a private consultation room, I would feel guilty about dragging the pharmacist into it, whilst there is a big queue. - Every 2-3 months, woman, 25-49yrs, disability and long-term health condition

This acts as a further barrier to access. Even if private consultation areas are available, people may still feel uncomfortable discussing private matters if they feel they are not being listened to or staff do not have time. These concerns should therefore be addressed to ensure that people accessing the pharmacy feel that the staff are there to help and can address any concerns they may have effectively.

Taken together these comments show that there are clear concerns around the pharmacy as a new setting for clinical consultation services. People are concerned that their local pharmacy does not have the facilities or experienced staff to provide these services to a high standard. It is important for providers to address concerns around this new care setting to ensure that people do not feel that they are receiving a diminished service through Pharmacy First.



Conclusion

This study explored facilitators and barriers to use of community pharmacies, specifically factors that affect uptake of the wider range of services offered through Pharmacy First.

To sum up, many people are positive about community pharmacies. It is a valued service, with individuals relying on these services to manage their existing conditions or treatment for minor illnesses. Many people utilise the services of the same pharmacy as repeat patients. The value that people place on this service supports the development of community pharmacy for enhanced services. However, these need additional support.

What will improve community pharmacy for local people?

We identified three key three areas of key focus:

Awareness – Information & Communication: Our findings suggest a general confusion about what is now available from community pharmacists, the variation between community pharmacies and the cost of prescriptions when provided by pharmacies. This study indicates that more needs to be done for the public to understand what is available and how Community Pharmacy works. A local campaign may build confidence in community pharmacy as a first point of contact in primary care.

General Practice Referral: The public had most confidence attending community pharmacy if the referral came from their GP rather than the receptionist. Work needs to be done to increase the number of referrals from General Practices, along with improved explanation to drive confidence in pharmacists.

This links to the national Healthwatch England report which identified the culture of primary care and health needs to change to increase the use of community pharmacy.

Timely data is needed on the number of referrals into community pharmacy and monitoring of the Pharmacy First programme. The local ICB Board needs to be sighted on this for continuous improvement and to identify any inequalities of access.

Facilities – Caring and confidential service: There is a need for better systems to enable patients to feel comfortable speaking with a pharmacist on personal issues and development to aid more confidential discussions to take place.

Community Pharmacy is remarkably busy and therefore conversations need to be managed so patients are not asked for personal details at the front of a busy queue.

Where available, consultation rooms or booths should be used and where not available, reasonable alternatives in practice should be applied to identify patient need and put patients at ease.

Despite the national direction of travel, and the commitment to develop community pharmacy locally, local Primary Care strategies are focused on supporting General Practice rather than the wider primary care system. Our findings demonstrate the need to include community pharmacy as a central solution to meeting the health needs of local people.

In their recent national report¹, Healthwatch England call for further expansion of Pharmacy First Services. Our report shows this needs to be done with an integrated local approach to improve access to community pharmacy for the people of Birmingham and Solihull.

¹ <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Pharmacy%20what%20people%20want.pdf>

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About Healthwatch Solihull

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Solihull listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can [read more about the work of Healthwatch Solihull](#).

How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Solihull. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Solihull board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills and support. Healthwatch Solihull also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

What difference do our reports make?

We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make in response to the report. If Healthwatch Solihull finds no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

How to share your feedback about the issues heard in this study

If you are a service user, patient or carer, please do share your experiences with us via our:

- Online [Feedback Centre here](#).
- Information and Signposting line on 0808 196 3912 or by [emailing us](#).

Appendix 1: BSOL LPC response

Birmingham & Solihull Local Pharmaceutical Committee (LPC) is a statutory body recognised in NHS Regulations to support and represent ALL community pharmacies operating within the specified Health & Well Being Boards' areas. There are currently 307 community pharmacies providing care and services across both Birmingham and Solihull council authorities.

Patients are at the heart of everything that community pharmacies does and these Healthwatch Reports have provided some valuable insights into patients' perspectives. It is no surprise to hear of the positive patient views of community pharmacy. Despite being in severe financial crisis driven by 5 years of zero increase on the income from the NHS, community pharmacies across Birmingham and Solihull are working incredibly hard to protect their patients from the impact of these difficulties.

We have been pleased to receive these important Healthwatch projects locally following the Healthwatch England report published in April 2024 and endorse the report's recommendations.

Many of them already align with our aims, including that Government must urgently undertake a full review of the medicines supply chain, and that sustainable funding for community pharmacy is absolutely critical. We will continue to work collaboratively with Healthwatch and other organisations as we seek to secure both sustainable funding and future service developments for community pharmacies which support the NHS's Long-Term Plan.

Awareness

The lack of awareness of Pharmacy First comes as no surprise to the LPC because this service including 7 new clinical pathways was launched on 31st January 2024 and both the national and local engagement and communications were only just starting as Healthwatch sought the views of patients & customers for the project. In the first month (Feb 2024) there were over 12,000 Pharmacy First episodes provided by 262 community pharmacies, with sore throats and uncomplicated urinary tract infections being the most popular. National campaigns for Pharmacy First complemented by an LPC local radio campaign has started to raise awareness of these services with the public which has in turn immediately supported general practice by reducing the number of patients requesting to see a GP with a minor illness. Campaigns will be repeated throughout this year to continue to raise awareness to patients although the LPC is concerned the funding for the Pharmacy First service is only available until March 2025 (as part of the Primary Care Access Recovery Plan). GPs (and their receptionists/call navigators) can refer patients into Pharmacy First and although specific referral data is not yet available, the LPC looks forward to more surgeries and more referrals being received as the service is embedded into patient pathways and awareness grows. There is a real determination by both B Sol Integrated Care Board and the LPC to collaborate to make this service a real success. And this supports national goals of maximising the clinical skills of community pharmacists to deliver more services on top of the most recognised community pharmacy function of supplying medicines. The LPC would encourage some inequalities relating to the sale of some "over-the-counter" treatments for some minor illness conditions to be standardised across the whole ICB footprint to minimise the postcode lottery of who receives these medicines for free and who pays. In the areas of high deprivation this would reduce patients still seeking a GP appointment so any treatment would come via an (exempt) NHS prescription. There needs to be a review of the cost of the medicine supplied versus the cost of the treatment provided.

Together with Pharmacy First, other services have been commissioned nationally and implemented locally which will continue to increase public awareness of the additional clinical roles that community pharmacies can provide:

- The blood pressure (Bp) Check service enables GPs to refer patients to a community pharmacy for a Bp measurement OR for community pharmacies to screen patients' Bp when not diagnosed with blood pressure. This will further reduce pressure on GP appointments as well as contributing to cardio-vascular disease prevention
- Contraception services allow community pharmacies to supply repeat cycles of oral contraception or initiation to new patients without a need for them to visit a GP or sexual health clinic to obtain their oral contraception.
- Linking to patients being discharged from a hospital stay two additional services have been commissioned nationally by NHS England and implemented locally. A Discharge Medicines Service involves community pharmacists supporting patients take their medicines correctly after they have been changed as a result of a inpatient episode. This will further increase awareness of the additional role of community pharmacy once the IT and pathway can be agreed with the acute trust hospital sites across Birmingham and Solihull. Patient awareness is currently very low and so the opportunities to support patients to stay out of hospital after discharge is yet to be realised. This service is proving very successful in other regions in England.
- The final new service commissioned is to support patients admitted to hospital as a "smoker" to continue with their stop smoking attempt when they return home or to a regular care setting. The LPC with hospital tobacco control advisers are currently working hard to provide this service across the care interface.

Facilities

Almost every community pharmacy (>300) has a "Consultation Room" where private conversations can take place. Some services specify the service needs to be provided in a confidential area of the pharmacy, whilst any patient or customer can request a private conversation in the Consultation Room, with or without a chaperone. The vast majority of these Consultation Rooms were compliant with the relevant Disability/Equality Acts at the time of installation and all community pharmacies will make every effort to ensure everyone can access a confidential conversation with the pharmacist.

There are a number of ad hoc translation services available in community pharmacies but being provided with access to the same translation services as other primary care organisations would be very welcome. In many communities with a high ethnic minority, the pharmacy staff may well have an employee who can converse with patients whose first language is not English.

The LPC fully supports Healthwatch's assertion that there needs to be better interoperability between GP and CP (and hospital and Urgent Treatment Centres) IT systems that enable efficient, complete and secure transfer of information seamlessly. There has been some good progress in some areas/services eg 'flu vaccinations where a report of a flu jab administered by a community pharmacist is provided to the patient's GP usually with 2 working days and their GP record is updated. The newer services highlighted in the Healthwatch Report will have integrated IT platforms created just as soon as the GP system suppliers and the community pharmacy system suppliers can provide them eg GP Connect. However, it remains an enormous frustration that there are so many different IT platforms that don't "talk to each other" which perpetuates inefficiencies and clinical risks.

Reputation of Community Pharmacists

The Healthwatch Report highlights the very largely positive responses to the survey. Community pharmacies are the most visited premises in the community and with a very high trust rating. The national contract (“contractual framework”) with NHS England lists essential services (all pharmacies to deliver) with other enhanced and advanced services that the community pharmacy contractors can opt-in to deliver (or not). This can be confusing for patients as well as other healthcare professions. The LPC is keen to have maximum participation from the enhanced and advanced services and works to ensure the pharmacies opted-into services are showing on the pharmacies’ NHS websites and have their Directory of Services maintained to enable accurate signposting for patients to access services. Further developments in technology will support more services being signposted in other ways going forward. Eg there are “postcode” lookups on the ICB and Healthy Hearts websites to identify which community pharmacies offer a Bp Check Service.

Now community pharmacy is integrated into primary care, there are some positive signs of genuine collaboration between professions so signposting into community pharmacy from general practice is increasing. As with any organisational change the speed of transition will vary and communication to patients will need to be repeated regularly as messages need to be heard numerous times to instigate and maintain changed behaviours. The LPC welcomes any community pharmacy “advocacy” not only from our GP colleagues but all the other healthcare professionals and staff working across the entire integrated care system. We certainly believe in TEAM – together everyone achieves more.

Appendix 2: Demographics

Gender

Woman	70%	160
Man	28%	64
Non-binary	0%	0
Prefer not to say	2%	4
Prefer to self-describe	0%	1

Age

18 - 24 years	0%	0
25 - 49 years	19%	43
50 - 64 years	32%	72
65 - 79 years	39%	89
80+ years	8%	19
Prefer not to say	2%	5

Ethnicity

Arab	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	0%	0
Asian/Asian British: Indian	1%	2
Asian/Asian British: Pakistani	0%	0
Asian/Asian British: Any other Asian/Asian British background	1%	3
Black/Black British: African	0%	0
Black/Black British: Caribbean	0%	1
Black/Black British: Any other Black/Black British background	0%	0
Mixed/multiple ethnic groups: Asian and White	0%	0
Mixed/multiple ethnic groups: Black African and White	1%	2
Mixed/multiple ethnic groups: Black Caribbean and White	0%	0
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	1%	2
White: British/English/Northern Irish/Scottish/Welsh	83%	189
White: Irish	3%	7
White: Gypsy, Traveller, or Irish Traveller	0%	0
White: Roma	0%	0
White: Any other White background	4%	10
Prefer not to say	3%	6
Other (please specify):	2%	5

Other characteristics

I have a disability	26%	57
I have a long-term health condition	57%	124
I am a carer	15%	33
English is not my first language	0%	0
None of the above	24%	53
Prefer not to say	7%	14

Appendix 3: Which service would you get to first if you wished to get:

A flu vaccine

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
50%	30%	2%	0%	0%	4%	0%	9%	4%
122	30%	6	0	0	9	0	23	9

A covid vaccine

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
51%	21%	9%	0%	0%	5%	0%	11%	3%
123	51	22	1	0	11	0	27	8

Information and advice on medicines or a supply of some prescription only medication

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
42%	48%	0%	0%	0%	2%	4%	1%	3%
102	117	0	1	0	4	10	2	7

Information, advice and treatment of a minor condition such as a sore throat or earache

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
7%	69%	1%	0%	0%	5%	5%	6%	8%
16	168	2	0	0	12	12	14	19

Advice about a long-term condition

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
87%	2%	1%	0%	0%	2%	2%	3%	3%
211	6	3	0	0	4	5	7	7

Blood pressure checked

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
49%	19%	0%	0%	0%	0%	0%	10%	23%
118	45	0	0	0	0	1	24	55

Information and advice about contraception

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
17%	6%	0%	0%	0%	1%	2%	72%	2%
41	14	1	0	0	2	5	176	4

Information and advice for menopause

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
28%	4%	0%	0%	0%	2%	6%	56%	3%
69	9	0	0	0	6	14	137	8

Stopping smoking

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
7%	6%	0%	0%	0%	2%	3%	79%	4%
17	14	0	0	0	6	7	191	9

Healthy lifestyle advice

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
18%	7%	0%	0%	0%	12%	18%	33%	13%
43	16	0	0	0	29	43	80	32

New medicine service

Your GP	Local pharmacy	Walk-in centre	NHS 111	A&E	NHS website	Google	Not relevant	Other
49%	24%	0%	0%	0%	1%	2%	19%	4%
119	58	0	0	0	3	6	47	10

Appendix 4: If you do not use your pharmacy, where are you most likely to go for advice and treatment about a minor illness? Please tick all that apply

A GP surgery (to see a doctor or nurse)	59% (N=64)
Urgent Treatment Centre	6% (N=6)
A&E	5% (N=5)
NHS 111	29% (N=32)
NHS website	26% (N=28)
Other website / Internet	14% (N=15)
Friends or family	17% (N=18)
Urgent Treatment Centre	6% (N=6)
Not relevant	15% (N=16)
Response total	109

Appendix 5: Which of the following services are you aware your local pharmacy currently provides?

Advice about minor health problems	84% (N=201)
Advice about medicines (prescribed and medicines you can buy)	88% (N=209)
Checking blood pressure	56% (N=133)
Providing flu vaccinations	75% (N=179)
Information on which health services you should go to for a health problem	32% (N=76)
Providing COVID vaccinations	50% (N=120)
Providing oral contraception	28% (N=66)
Helping people stop smoking	36% (N=85)
Advice on weight management and healthy eating	18% (N=43)
Monitor your medication or other support for long term health conditions	29% (N=70)
Refer people to other health services	18% (N=43)
Prescribe medication independent of the doctor or nurse	15% (N=35)
None of these	0% (N=0)
Don't know	4% (N=10)
Other	0% (N=1)
Response total	238

Appendix 6: Why did you choose to use the pharmacy for this advice or treatment? Tick all that apply

I had good advice from a pharmacist in the past	50% (N=69)
I know that a pharmacist has the relevant knowledge	47% (N=65)
The pharmacy is easy to get to	51% (N=71)
The pharmacy has a private consulting room	35% (N=49)
The pharmacy has good / long opening hours	32% (N=44)
It is quicker than making an appointment to see my GP	52% (N=72)
I find it easier to talk to a pharmacist about this	5% (N=7)
I wouldn't want to talk to my GP about this sort of problem	3% (N=4)
Couldn't get a GP appointment	31% (N=43)
Signposted by GP	4% (N=6)
Told to go by NHS 111	2% (N=3)
I can talk to the pharmacy staff in my own language	4% (N=6)
Because I was going anyway to pick up my prescription	22% (N=30)
Other	4% (N=6)
Response total	139

Appendix 8: If you needed clinical advice or treatment, please tell us why you chose to go elsewhere rather than use the pharmacy? Tick all that apply

I don't think that a pharmacist has the right medical expertise	17% (N=19)
I didn't know this service was available at a pharmacy	10% (N=11)
I would prefer to get this sort of advice from a doctor or nurse	26% (N=28)
I don't want to discuss personal matters at the counter	22% (N=24)
I haven't been happy with advice and information from a pharmacist in the past	4% (N=4)
The staff are busy, and I don't think they will have time for me	16% (N=17)
I would ask friends or family or look for advice on the internet	2% (N=2)
I qualify for free prescriptions so need to get medication prescribed by a GP rather than pay for it over the counter	22% (N=24)
I haven't needed advice about a minor illness	39% (N=42)
N/A	9% (N=10)
Other	11% (N=12)
Response total	109

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